



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 WIC AND NUTRITION SERVICES

APPROVAL REQUEST FOR eWIC TRANSACTIONS

WIC VENDOR NUMBER:

All fields must be completed or appeal will be denied. Only one eWIC transaction per request.

DATE OF SUBMISSION / /	RETAILER NAME
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RETAILER ADDRESS

CONTACT NAME

CONTACT TELEPHONE

DATE AND TIME OF TRANSACTION / / <input type="checkbox"/> AM <input type="checkbox"/> PM	LANE NUMBER
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UPC(S)	PLU(S)
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PRIMARY ACCOUNT NUMBER (PAN)

CATEGORY NUMBER AND SUBCATEGORY NUMBER

JUSTIFICATION

Mail completed form, a copy of transaction log, and a copy of electronic receipt to:

Missouri Department of Health and Senior Services
 WIC and Nutrition Services
 P.O. Box 570
 Jefferson City, MO 65102-0570

or e-mail information to: MOVendorGroup@health.mo.gov